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ABSTRACT

This study examined early childhood caregivers' perceptions of the availability and quality of child care and examined the extent to which caregiver knowledge, training, experience, and motivation predicted judgments of quality and availability. Surveys were mailed to 292 licensed and registered family day care providers in Shelby County, Tennessee (with a 10 percent return rate) and 290 caregivers at 19 licensed day care centers randomly selected from all centers in Shelby County (with a 19 percent return). Results indicated that caregivers with more experiences related to child care and more child care training rated the quality of child care higher than those with less experience. Caregivers with more training perceived child care to be more available. Knowledge and motivation variables did not predict perceptions of quality or availability. Knowledge was positively correlated with training. Caregivers in home care settings were less motivated than those in day care settings to read relevant materials on their own and were less interested in receiving continuing education. (KB)

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Abstract

Early childhood caregivers were surveyed concerning their perceptions of the availability and quality of child care. Four variables of knowledge, training, experience, and motivation were examined as predictors of judgments of quality and availability of child care. Experiences with children influenced caregivers' perceptions of child care quality, while training influenced caregivers' perceptions of child care availability. The implications for the education and training of early childhood caregivers are discussed.

Introduction

In recent years, research has focused on the quality of day care provided to young children in a variety of day care settings. Generally, this research has examined how quality of care is influenced by factors related to the providers (such as age or education level) and factors related to the facilities (such as adult-child ratio). Another angle has been to examine how information, such as training workshops, has an effect on the quality of care. While this research has identified several variables related to quality of care, there have been relatively few consistent patterns emerge in terms of how these factors affect care. In an attempt to understand the dynamic relation among variables affecting the quality of day care, the present study used one additional source of information not typically examined in the research: namely, day care providers' own judgments of the quality of care provided. Providers' own judgments are important for several reasons, but most notably because they can affect the providers' motivation to take advantage of information related to the care they provide.

One way to categorize the research on quality of day care is to look at the variables analyzed. One such set of studies has examined how quality of care is linked to variables related to the individual care providers and to the individual facilities. It seems that most research contains demographic information on the day care providers, including age of

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provider, number of years in child care, and education level. In some cases, education level has been associated with quality of care, with those providers with more education (some college or a college degree) providing higher quality care than those with less education, such as a high school degree or less (e.g., Howes, Whitebrook, & Phillips, 1992), and in other cases level of education has not been associated with quality of care (e.g., Ruopp, Travers, & Coelen, 1979). Similar mixed findings have been associated with experience in child care, which is usually measured by the number of years a provider has worked in the child care field (e.g., Howes, Whitebrook, & Phillips, 1992).

Another approach to studying quality of child care is to examine the influences of training of day care providers. This research seems to provide a more consistent picture in terms of the findings. Generally, day care providers who participate in child care training provide higher quality care after training than before. Three additional factors are important to this finding. First, the topics covered in the training are important. Training sessions that cover basic child development knowledge, and information related to communicating with children are the most effective at changing quality of care (e.g., Arnett, 1989; Platz, 1996; Powell & Stremmel, 1989). Second, the positive effects of even minimal amounts of training are enormous. For example, Platz (1996) found that a training program that provided as little as ten hours of training for day care providers significantly improved the quality of care provided for children. It is important to note that the topics covered in the four-hour training course were related to child development. And finally, people who view providing day care as a profession are more satisfied with their job and more motivated to provide high quality care (e.g., Pence & Goelman, 1991). Interestingly, providers who view day care as their profession are less likely to be affected by training, but the quality of care they provide is significantly higher before training compared to those who do not view day care as a profession (e.g., DeBord & Sawyers, 1996).

Given the fact that training day care providers can be such an important way to improve the quality of care provided for children, the present study sought to examine some of the variables associated with providers' judgments of the quality of care they provide compared to their judgments of the quality of care provided in the entire city of Memphis, in the State of Tennessee, and in the United States overall. In addition to providers' judgments of the quality of care, information on their judgments of the availability of day care services in Memphis, Tennessee, and the United States was also collected. The present study was designed to answer the following questions: 1) how do day care providers judge the quality of care provided by their facility compared to their judgments of quality of care in the larger community; and 2) how are factors such as

knowledge of child development, experience with child care, training, and level of motivation are related to those judgments.

Method

Sample

Recruitment. All two hundred and ninety-two licensed and registered family day care homes in Shelby County, Tennessee were sent a packet containing a cover letter, the child care questionnaire, and a stamped postage paid, return envelope. The cover letter described the child care study, indicated that all returned questionnaires would be anonymous, and asked the child caregivers to participate by filling out and returning the questionnaire. Twenty-nine completed questionnaires were returned by family day caregivers, yielding a 10% return rate.

Nineteen licensed day care centers were randomly selected from the list of all licensed day care centers in Shelby County, Tennessee. These nineteen day care centers were contacted by phone by the primary investigator to ask the day care center's participation in this study. The directors were described the study, told that all responses would be anonymous, asked the day care center to participate, and asked the number of child caregivers at the center. A packet containing a cover letter, the child care questionnaire, and a stamped postage paid, return envelope. Two hundred and ninety questionnaires were sent to the nineteen day care centers. Fifty-six completed questionnaires were returned by day care center caregivers, yielding a 19% return rate. Eighty five total questionnaires were returned, yielding a 15% return rate overall.

Characteristics. All child caregivers who responded to the questionnaire were female with a mean age of 41 years old and a range of 19 to 70 years old. Twenty-nine of the respondents provided child care in a home setting, while 56 of the respondents provided child care in a day care setting. The child caregivers had a mean of five years at their current facility with a range of six months to 28 years. The child caregivers had a mean of 11 years experience in the field of child care with a range of six months to 40 years. Eighty-one percent of the child caregivers were interested in continuing education training, while 19% had no interest in continuing education training. Other characteristics of the sample are described below in Table 1.

Seventy-five percent of the child caregivers reported that their facility requires continuing education training, while 24% reported no continuing education training requirements. Ninety-five percent of the child caregivers reported participating in continuing education training annually, while five percent reported not participating in any continuing education training. Seventy-three percent of the facilities were reported to

provide continuing education training, while 46% of the facilities were reported to provide opportunities for continuing education training.

Questionnaire

The three page questionnaire distributed to child caregivers included demographic questions concerning age and gender. Several open ended and closed ended items concerned the facility of employment, opportunities for professional development provided by the facility, and the number of hours of continuing education training required by the facility. The questionnaire contained both closed and open ended items concerning the child caregivers' education background, memberships in professional organizations, the length of time in child care, the experiences related to child care, areas of certification, participation in professional development, and interest in professional development. A categorical coding scheme was used to analyze the responses to the demographic and job related questions. The remainder of the questionnaire contained Likert scale evaluations of availability and quality of child care. A four point Likert scale (1 = below average, 4 = excellent) was used to measure the caregivers' perceptions of the availability and quality of child care in the United States, in Tennessee, and in Memphis. A four point Likert scale (1 = below average, 4 = excellent) was used to measure the caregivers' perceptions of the quality of child care services provided by their facilities.

Results

No significant differences in perceptions of availability and quality of child care were found between child caregivers who work in home care centers as compared to child caregivers who work in day care centers. Four variables were created based on the information from the questionnaires. The knowledge variable was a combination of the level of education obtained, membership in a professional child development organization, and specific child development classes taken. The experience variable was a combination of specific experiences with children and amount of time spent providing child care. The training variable consisted of whether a facility provided training workshops or training opportunities, whether a facility required training, and whether a provider participated in training. Finally, the motivation variable was a combination of providers' interest in training and providers' reading information on child care.

The child care experience variable predicted 23% of the variance in the child caregivers' **perceptions of the quality of child care** in the United States, $F(1,83) = 25.44$, $P \leq 0.00$. Child caregivers with more experiences related to child care had higher ratings of the quality of child care in the United States. The child care

experience variable predicted 9% of the variance in the child caregivers' perceptions of the quality of child care in Tennessee, $F(1,83) = 8.93$, $P \leq 0.003$, while the training variable explained 5% more of the variance in the child caregivers' perceptions of the quality of child care in Tennessee, $F(2,82) = 6.77$, $P \leq 0.002$. Child caregivers with more experiences related to child care and more child care training had higher ratings of the quality of child care in Tennessee. The child care experience variable predicted 10% of the variance in the child caregivers' perceptions of the quality of child care in Memphis, $F(1,83) = 9.47$, $P \leq 0.003$, and 6% of the variance in their perceptions of the quality of child care at the caregivers' own facilities, $F(1,83) = 5.15$, $P \leq 0.03$. Child caregivers with more experiences related to child care had higher ratings of the quality of child care in Memphis and at their own child care facilities.

The child care training variable predicted 9% of the variance in the child caregivers' **perceptions of the availability of child care** in the United States, $F(1,83) = 7.67$, $P \leq 0.007$, 6% of the variance when judging Tennessee, $F(1,83) = 4.90$, $P \leq 0.03$, and 11% of the variance when judging Memphis, $F(1,83) = 10.37$, $P \leq 0.002$. Child caregivers with more training related to child care perceived child care to be more available in the United States, in Tennessee, and in Memphis.

The knowledge and motivation variables did not predict the child caregivers' perceptions of quality or availability of child care in the United States, Tennessee, or Memphis. The knowledge variable is significantly positively correlated with the training variable. Child caregivers with high levels of education, more classes in child development, and membership in professional organizations are more likely to participate in continuing education training related to child care. The motivation variable is significantly negatively correlated with the type of facility. Child caregivers who provided in home care are less motivated to read relevant materials on their own and less interested in receiving continuing education training.

Discussion

The findings of this study are quite consistent. One finding that emerged is that experience with child care predicted caregivers' judgments of the quality of child care provided at their facility, in the city of Memphis, in the State of Tennessee, and in the United States. In general, caregivers who have more experience with child care judge the quality of care to be higher than those caregivers who have less experience. This is a particularly interesting finding given that previous research has reported a rather mixed set of findings about how experience in child care affects the actual quality of care. More experience in child care has not always resulted in better care provided.

The findings of the present study raise a red flag about the attitudes of those providing care. In a sense, it is as if the longer a caregiver is in the field of child care, the more comfortable she is about the quality of care provided. One implication of this could be that the longer a caregiver is in the field, the less likely she might be to seek new information regarding the quality of care. This implication is particularly striking given that judgments of quality of care in the present study were independent of actual quality of care.

A second finding of this study is that training predicted judgments of the availability of child care in Memphis, the State of Tennessee, and the United States. In general, caregivers whose facilities provide training or training opportunities judge day care services to be more available than those whose facilities do not provide training or training opportunities. A possible explanation for this is that the more training a caregiver receives, the more she is aware of the different kinds of day care services that exist. In other words, knowledge of the entire day care network (day care centers, in-home care, nannies, etc.) may be linked to the amount of training exposure a caregiver receives.

Finally, it is interesting to note that knowledge of child development did not predict either judgments of quality or judgments of availability of day care. Previous research has found that knowledge (usually measured by level of education) is significantly related to quality of care. One explanation for the discrepancy is that this study examined judgments of quality and previous research measured actual quality. Another explanation has to do with the statistical relation between the knowledge and training variables. In the present study these two variables were significantly and positively correlated, affecting the likelihood both would enter the regression equation. Interestingly, given the correlation between the two variables, it was the training variable that emerged as a consistent predictor, and not the knowledge variable.

Taken together, these findings suggest certain guidelines when training caregivers. First, caregivers should be aware of the potential complacency that may emerge as a result of experience in the child care field. With more experience, caregivers may have a false sense of expertise in the area of child care. If so, caregivers who are involved in child care for longer periods of time should be encouraged to participate in more training opportunities. This suggestion is bolstered by the findings related to the judgments of availability of child care. Those providers who received more training opportunities are the ones who, perhaps, had a greater understanding of the child care network.

Table 1. Demographic Characteristics

Position (%)	Percent
Director	14
Teacher	72
Assistant Teacher or Aide	14
Education Level (%)	
High school degree	32
Some college courses	40
College degree	21
Some graduate courses	3.5
Graduate degree	3.5
Child Development Courses (%)	
Child development courses taken	45
No child development courses taken	55
Professional Organization (%)	
Membership in professional organization	36
No membership in professional organization	64
Experiences related to child care (%)	
Some experiences related to child care	97
No experiences related to child care	3
Read materials related to child care (%)	
Read materials related to child care	94
No reading of materials related to child care	6